## Exhibit 4

FILED
17 JUN -5 PM 4: 21
END TOURING

| For King County |                       |  |  |  |
|-----------------|-----------------------|--|--|--|
| ANDZEA          | LISTER                |  |  |  |
| LC/COS/         | Petitioner/Plaintiff, |  |  |  |
|                 | Respondent/Defendant. |  |  |  |

No. 17-2-14474-6 SEA

Motion and Declaration For Waiver of Civil Fees and Surcharges (MTAF)

## I. Motion

- 1.1 I am the petitioner/plaintiff I respondent/defendant in this action.
- 1.2 I am asking for a waiver of fees and surcharges under GR 34.

## II. Basis for Motion

2.1. GR 34 allows the court to waive "fees or surcharges the payment of which is a condition precedent to a litigant's ability to secure access to judicial relief" for a person who is indigent. As outlined below, I am indigent.

Datast

Signature of Requesting Party

Print or Type Name

## III. Declaration

I declare that,

3.1 I cannot afford to meet my necessary household living expenses and pay the fees and surcharges imposed by the court. Please see the attached Financial Statement, which I incorporate as part of this declaration.

| 3.2      | in addition to the information in the financial statement I would like the court to consider   |
|----------|--|
| 1        | the following: T AM ON PERMANENT disability  |
| -        | There no extra income now  |
|          | I TIVE TO GOTTON THEORY  |
| -        | I am indigent in all case  |
| -        | The sale of the sa |
|          | Telling Sitt ped Zam   |
|          | The allegan is an here of  |
| 1        | The to to as the of loweress lower   |
|          | (Check if applies.) I filed this motion by mail. I enclosed a self-addressed stamped   |
|          | envelope with the motion so that I can receive a copy of the order once it is signed.  |
| 1 -11    | - under a subtract a series and at the laws of the state of Machineton that the foregoing in   |
|          | e under penalty of perjury under the laws of the state of Washington that the foregoing is   |
| liue all | 1 tolled.  |
| Signed   | at (city) (state) on (date) on (date)  |
| -        | ANDREA LISTER  |
| Signatu  | re Print or Type Name  |

| Case Name.   | ··              | Case Number  |               |  |  |
|--|-----------------|--|---------------|--|--|
| Financial Statement (Attachment)                                       |                 |  |               |  |  |
| 1. My name is: ANDREA I Share  |                 |  |               |  |  |
| 2. [ ] I provide support to people who live with me: How many? Age(s): |                 |  |               |  |  |
| 3. My Monthly Income:  |                 | 6. My Monthly Household Expenses:                      |               |  |  |
| Employed [ ] Unemployed [ ]  |                 | Rent/Mortgage:   | \$ 211        |  |  |
| Employer's Name:   |                 | Food/Household Supplies:                               | \$ 75         |  |  |
| Gross pay per month (salary or \$\)hourly pay):                        |                 | Utilities:   | \$            |  |  |
| Take home pay per month:   | <b>)   \$</b> . | Transportation:  | \$ 100        |  |  |
| Other Sources of Income Per Month in my Household:                     |                 | Ordered Maintenance actually paid:                     | \$ 0          |  |  |
| Source: SST  | \$735           | Ordered Child Support actually paid:                   | \$ 0          |  |  |
| Source:  | \$              | Clothing:  | \$            |  |  |
| Source:  | \$ .            | Child Care:  | \$            |  |  |
| Source:  | \$              | Education Expenses:                                    | \$ Cove       |  |  |
| Sub-Tota   | \$ 735.         | Insurance (car, health):                               | \$ 150        |  |  |
| MJ receive food stamps.  | 4122            | Medical Expenses:                                      | \$            |  |  |
| Total Income, lines 3 (tak<br>home pay) and 4                          |                 | Sub-Total:   | \$            |  |  |
| 5. My Household Assets:  |                 | 7. My Other Monthly Househ                             | old Expenses: |  |  |
| Cash on hand:  | \$ ()           | STORAGE  | \$ 700+       |  |  |
| Checking Account Balance:  | \$              | 0115   | \$            |  |  |
| Savings Account Balance: \$  |                 | 10 13  | \$            |  |  |
| Auto #1 (Value less loan): \$ 900 (MC                                  |                 | <del> </del>   | \$ 32 70      |  |  |
| Auto #2 (Value less loan):   | \$              | Sub-Total:   | ··            |  |  |
| Home (Value less mortgage): \$   |                 | 8. My Other Debts with Monthly Payments:               |               |  |  |
| Other:   | \$ /            | SChol I GAGA   | \$ >>>>>>     |  |  |
| Other:   | \$ .            | 10 defin   | /mo           |  |  |
| Other:   | \$              | ,  | \$ /mo        |  |  |
| Other:   | \$              | Ouk Tatal  | \$ /mo        |  |  |
| Other:   | \$ /            | Sub-Total:   | \$            |  |  |
| Total Household Assets.  |                 | Total Household Expenses and Debts, lines 6, 7, and 8: | \$ 24.7       |  |  |
| Date: 6/5//7   |                 | Signature: 25  |               |  |  |